

RENEWAL POINT COMPUTATION SHEET

Last Name	First Name	Middle/Maiden	
Social Security Number	Reference Number		Date of Birth

*** Point Scale**

<p>Activities (except for coursework)</p> <p>Participant - 1 hour = 1 point</p> <p>Leader/Presenter - 1 hour = 3 points</p>	<p>* Coursework</p> <p>*Participant - 1semester hour = 15 points 1 CEU = 10 points</p> <p>**Leader/Presenter - 1semester hour = 45 points per hr students received for attending 1CEU = 30 points</p> <p>* If you completed coursework an official transcript from a regionally accredited college or university must be attached to this form.</p> <p>If you TAUGHT the coursework, verification of courses taught from the institution is required.</p>
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All activities must be placed on computation sheet. (More than one sheet may be needed)

(No attached lists will be accepted in lieu of computation sheet(s)

[illegible]

Total_____

PART I TO BE COMPLETED BY APPLICANT AND PERSON RESPONSIBLE FOR LOCAL EVALUATION

THIS PORTION IS TO BE COMPLETED IF APPLICANT IS EMPLOYED IN A TENNESSEE PUBLIC SCHOOL AT TIME OF APPLICATION

Applicant and Evaluator must initial appropriate lines (*Application will not be processed without the evaluator initials*)

Applicant

Evaluator

The above activities were completed during the period I supervised the applicant,

The activities were not part of the state funded inservice days and were not conducted during days and/or hours for which the educator was already being paid by the local education agency.

(Exception: activities completed on personal/professional days for TN public school educators)

I attest that none of the above activities were submitted as part of last renewal requirements

I maintain a file which contains supporting documentation of the above activities.

****(Documentation is not to be sent to Office of Teacher Licensing)****

Signature of Applicant	Name of Tennessee school and system		Date
Signature of Principal/Person responsible for local evaluation	Name of Tennessee school and system	Telephone Number	Date

Part II	TO BE COMPLETED BY APPLICANTS NOT EMPLOYED IN A TENNESSEE PUBLIC SCHOOL
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THIS PORTION IS TO BE COMPLETED IF APPLICANT IS NOT EMPLOYED IN A TENNESSEE PUBLIC SCHOOL AT TIME OF APPLICATION

I am not currently employed in a Tennessee public school. I have attached supporting documentation for all activities listed above.

(No more than two pages per activity will be accepted.)

Signature of Applicant

Date